



Live Fire Training Requirements

1. This standard shall be used to conduct all live fire training concerning acquired structures and/or training center buildings by definition of NFPA 1403.
2. The lead instructor and the incident commander shall share equal responsibility for all aspects of any live fire training.
3. All students will meet the prerequisites defined in NFPA 1403.
4. All persons participating in training shall meet OSHA 1910-134.
5. Any instructor wishing to teach live fire training in this State which will receive Commission credit, shall have to participate in a Live Fire Training Instructors course which has been approved by the Commission and pass a written test at the end of this class with a minimum passing score of 70%.
6. This class will be taught by personnel approved by the Commission on Fire Fighting Personnel Standards and Education with the only exceptions being the Tennessee Fire Academy on site facility.
7. The instructor in charge and the incident commander must attend and successfully complete a Tennessee Fire Fighting Commission-approved live fire training course and be a certified Instructor I by the Commission. All other instructors must be certified as Fire Department Instructor I by the Commission.
8. Departments must submit a completed application for live fire training for acquired structures to the Commission office 15 working days prior to training.
9. Any instructor that fails to meet any and all of these requirements shall be given written notice to appear in front of the Tennessee Commission on Fire Fighting for a disciplinary hearing. The instructors will be notified in writing of this hearing within accordance of Chapter 0360-5-1-.01.
10. No alcoholic beverages or drugs shall be on the training grounds at any time.
11. Any students participating in a live fire training exercise and appearing under the influence of drugs or alcohol shall not be permitted to participate in the exercise.

Tennessee Commission on Fire Fighting
Personnel Standards and Education

500 James Robertson Parkway, Suite 630
Nashville, TN 37243-0579

Application for Live Fire Training

This Completed Application Must Be Submitted to the Address Above
15 Working Days Prior To Any Live Fire Acquired Structure Training Being Conducted

Rec'd _____

App. Ltr. Sent _____

Live Burn # _____

Name of Fire Department/Agency Conducting the Training: _____

Address of Department/Agency: _____

Location of Training: _____

County of Training: _____ Date of Training: _____ Time of Training: _____

Instructor In Charge of Training Exercise: _____ Contact Number: _____

List all Instructors that will be assisting in this training (attach additional sheets if necessary):

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

10. _____ 11. _____ 12. _____

13. _____ 14. _____ 15. _____

Each Department/Agency Shall Maintain Copies of the Following Documentation:

1. Copies of all paperwork submitted to the Tennessee Division for Air Quality.
2. All reports and documents required in Chapter 9 of NFPA 1403
3. Copy of Permission to Burn The Structure
4. Copy of Proof of A Clear Title.
5. Copy of Certificate of Insurance Cancellation.
6. Asbestos Abatement (If Required).
7. Copy of approval letter from the Commission

By signing this application I shall attest to the best of my knowledge that NFPA 1403
will be followed during this live fire training exercise.

Instructor in Charge

Date

Fire Chief or Training Officer

Date

All Live Fire Training Is Subject To Inspection from The Fire Fighting Commission



TN Commission on Fire Fighting
Live Fire
Accountability Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number: _____

Incident Commander: _____ SS# _____ / _____ / _____

Instructor In-Charge: _____ SS# _____ / _____ / _____

Safety Officer(s): _____

Ignition Officer: _____

Accountability Officer: _____

Engineer on Primary Engine: _____

Engineer on Secondary Engine: _____

Inside Instructors: _____

RIT Team: _____

Incident Rehabilitation Officer: _____

Secondary Instructors: _____



TN Commission on Fire Fighting
Live Fire Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Permits, Documents, Notifications, Insurance

Written Documentation Received From the Owner

- | | | | | |
|--------------------------|-----|--------------------------|-----|---|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Permission to Burn Structure |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Proof of Clear Title |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Certification of Insurance Cancellation |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Acknowledgement of Post-burn Property Condition |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Local Burn Permit Received |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Permission Obtained to Utilize Fire Hydrants |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Notification Made to Appropriate Dispatch Office of
Date, Time, and Location of Burn |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Notification Made to All Affected Police Agencies |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Received Authority to Block Off Roads |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Received Assistance in Traffic Control |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Notification Made to Owners and Users of Adjacent
Property of Date, Time, and Location of Burn |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Liability Insurance Obtained Covering Damage to Other
Property |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Written Evidence of Prerequisite Training Obtained
From Participating Students from Outside Agencies |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Proper Paper Work Sent of Division of Air Quality and
Fire Fighting Commission Office |



TN Commission on Fire Fighting
Live Fire Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Pre-Burn Planning

Pre-Burn plans made, showing the following:

- | | | | | |
|--------------------------|-----|--------------------------|-----|---|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Site Plan Drawing, Including All Exposures |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Building Plan, Including Overall Dimensions |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Floor Plan Detailing All Rooms, Hallways, and Exterior Openings |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Location of Command Post |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Position of All Apparatus |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Position of All Hoses, Including Backup Lines |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Location of Emergency Escape Routes |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Location of Emergency Evacuation Assembly Area |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Location of Ingress and Egress Routes for Emergency Vehicles |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Available Water Supply Determined |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Required Fire Flow Determined for the Burn Building and Exposure Buildings: Critical Flow=Building Length X Width X Height / 100= _____ GPM |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Required reserve Flow Determined (50 Percent of Fire Flow) _____ GPM |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Separate Water Sources Established for Attack and Backup Hose Lines |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Periodic Weather Reports Obtained |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Parking Areas Designated and Marked |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Operations Area Established and Perimeter Marked |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Communications Frequencies Established, Equipment Obtained Frequency and Channel Including PL _____ |



TN Commission on Fire Fighting
Live Fire Checklist

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Pre-Burn Procedures

- | | | | | |
|--------------------------|-----|--------------------------|-----|--|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Participants Briefed on Building Layout |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Participants Briefed on Crew and Instructor Assignments |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Participants Briefed on Safety Rules |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Participants Briefed on Building Evacuation Procedure |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Participants Briefed on Evacuation Signal and it is Demonstrated |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Hoselines Checked for Sufficient Size for the Area of Fire Involvement |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Hoselines Charged and Test Flowed |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Hoselines Supervised by Qualified Instructors |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Hoselines Have an Adequate Number of Personnel |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Necessary Tools and Equipment Positioned |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Participants Checked for Approved Full Protective Clothing |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Participants Checked for Self-Contained Breathing Apparatus |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Participants Checked for Adequate SCBA Air Volume |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | Participants Checked for all Equipment Properly Donned |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A | All Participants Including Instructors Placed Through Incident Rehabilitation for a
Baseline Set of Vital Signs |



TN Commission on Fire Fighting
**Live Fire
 Accountability Checklist**

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Post-Burn Procedures

- | | | |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Personnel Accounted For |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Remaining Fires Overhauled, as Needed |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Building Inspected for Stability and Hazards Where More Training is to Follow |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Training Critique Conducted |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Records and Reports Prepared as Required |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Account of Activities Conducted |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | List of Instructors and Assignments |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | List of Other participants |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Documentation of Unusual Conditions or Events |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Documentation of Injuries Incurred and Treatments Rendered |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Documentation of Changes or Deterioration of Training Center Burn Building |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | <input type="checkbox"/> YES <input type="checkbox"/> N/A |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Acquired Building Release |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Student Training Records |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Certification of Completion |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Building and Property Released to Owner |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Release Document Signed |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Incident Rehabilitation |



TN Commission on Fire Fighting

Live Fire Checklist

Responsibilities of Personnel

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Responsibilities of Personnel

Instructor-In-Charge

- | | | |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Plan and Coordinate All Training Activities |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Monitor Activities to Ensure Safe Practices |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Inspect Building Integrity Prior to Each Fire |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Assign Instructors to Attack Hose Lines |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Assign Instructors to Backup Hose Lines |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Assign Instructors to Functional Assignments |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Assign Instructors to Teaching Assignments |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Brief Instructors on Responsibilities of Accounting for Assigned Students |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Brief Instructors on Responsibilities of Assessing Student Performance |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Brief Instructors on Responsibilities of Clothing and Equipment Inspection |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Brief Instructors on Responsibilities of Monitoring Safety |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Brief Instructors on Responsibilities of Achieving Tactical and Training Objectives |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Assign Coordinating Personnel as Needed |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | To EMS |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Communications |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Water Supply |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Apparatus Staging |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Breathing Apparatus |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Incident Rehabilitation |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Public Relations |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | Ensure Adherence to This Standard by All Persons Within the Training Area |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | No Alcohol Consumption at Any Training |
| <input type="checkbox"/> YES | <input type="checkbox"/> N/A | No Persons Under the Influence of Drugs or Alcohol Allowed to Participate |

Safety Officer

- | | | | |
|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| | | | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| | | | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |

Prevent Unsafe Acts
Eliminate Unsafe Conditions
Intervene and Terminate Unsafe Acts
Supervise Additional Safety Personnel, as Needed
Coordinate Lighting of Fires With Instructor-In-Charge
Ensure Compliance of Participants Personal Equipment With Applicable Standards
Protective Clothing
SCBA
Personal Alarm Devices
Ensure That All Participants Are Accounted for, Both Before and After, Each Evolution
No Alcohol Consumption at Any Training
No persons under the influence of drugs or Alcohol Allowed to Participate

Instructor

- | | | | |
|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| | | | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |

Monitor and Supervise Assigned Students (No More Than Five Per Instructor)
Inspect Students Protective Clothing and Equipment
Account for Assigned Students, Both Before and After Evolutions
No Alcohol Consumption at Any Training
No Persons Under the Influence of Drugs or Alcohol Allowed to Participate

Student

- | | | | |
|--------------------------|-----|--------------------------|-----|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| | | | |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | N/A |

Acquire Prerequisite Training
Become Familiar with Building Layout
Wear Full Protective Clothing
Wear Approved Self-Contained Breathing Apparatus
Obey All Instructions and Safety Rules
Provide Documentation of Prerequisite Training, Where From an Outside Agency
No Alcohol Consumption at Any Training
No Persons Under the Influence of Drugs or Alcohol Allowed to Participate



TN Commission on Fire Fighting
Live Fire Checklist
Evolution Objectives

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Objective 1: _____

Objective 2: _____

Objective 3: _____

Objective 4: _____

Objective 5: _____

Objective 6: _____



TN Commission on Fire Fighting
Live Fire Checklist
Evolution Objectives

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Objective 7: _____

Objective 8: _____

Objective 9: _____

Objective 10: _____

Objective 11: _____

Objective 12: _____



TN Commission on Fire Fighting
Live Fire Checklist
Student Group Assignments

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Student Group Assignments

Group 1

1. Team Leader:

2.

3.

4.

5.

Group 2

1. Team Leader:

2.

3.

4.

5.

Group 3

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting
Live Fire Checklist
Student Group Assignments

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number _____

Student Group Assignments

Group 4

1. Team Leader:

2.

3.

4.

5.

Group 5

1. Team Leader:

2.

3.

4.

5.

Group 6

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting
Live Fire Checklist
Student Group Assignments

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number: _____

Student Group Assignments

Group 7

1. Team Leader:

2.

3.

4.

5.

Group 8

1. Team Leader:

2.

3.

4.

5.

Group 9

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting
Live Fire Checklist
Student Group Assignments

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number: _____

Student Group Assignments

Group 10

1. Team Leader:

2.

3.

4.

5.

Group 11

1. Team Leader:

2.

3.

4.

5.

Group 12

1. Team Leader:

2.

3.

4.

5.



TN Commission on Fire Fighting
Live Fire Checklist
Site Plan/Vehicle Staging

Address: _____

Date: _____ Time: _____

Instructor in Charge: _____

Instructor Live Burn Number: _____

Tennessee Commission on Fire Fighting Personnel Standards and Education

500 James Robertson Parkway, Suite 630
Nashville, TN 37243-0579

LIVE BURN STUDENT ROSTER

This form is to be completed and returned to the Commission office **AFTER** the live burn is completed. Only students who successfully complete the live burn exercises should be listed.

Host Department/Agency _____

Date _____ Live Burn # _____

Number of Students Successfully Completing _____

Lead Instructor _____
Printed Signature

Incident Commander _____
Printed Signature

STUDENTS

NAME PRINTED	SOCIAL SECURITY NUMBER	SIGNATURE
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